

PROGRAM ANNOUNCEMENT

HSR&D PRIORITIES FOR INVESTIGATOR-INITIATED RESEARCH

1. Purpose

The Department of Veterans Affairs (VA) Health Services Research and Development Service (HSR&D) is identifying in this announcement current research priorities. Veteran-centric proposals clearly responsive to this announcement will be given priority funding consideration through the funding protocol articulated in paragraph 3 below.

Cross-Cutting Priority Areas

The following priority areas have been developed by HSR&D scientific program staff in consultation with specially convened scientific advisory groups and with input from senior VA leaders. Several previously identified priorities remain important and have been updated in this announcement. Current priorities are listed in alphabetical order:

- A. Healthcare Access/Rural Health
- B. Healthcare Equity and Health Disparities
- C. Healthcare Informatics
- D. Long-Term Care and Caregiving
- E. Mental and Behavioral Health
- F. Women's Health

Applicants are encouraged to consider the above priorities within the context of post-deployment health. Post-traumatic stress disorder, other post-deployment related mental disorders, traumatic brain injury, reintegration into the community, and overall quality of life are examples of areas of interest.

Each priority area is described briefly and illustrated with sample topics, which may be relevant to more than one area.

2. Background

Health services research is a multidisciplinary field concerned with the effects of social factors, financing systems, organizational structures and processes, technology, and human behavior on health care access, quality, costs, and outcomes. In VA, health services research focuses on understanding how to organize, deliver, finance, monitor, and improve health care to meet the needs of Veterans and to ensure that their health care is consistently excellent.

HSR&D supports the highest quality scientific research related to this broad mission and encourages work in specific priority areas detailed in this announcement. HSR&D has a special interest in research that results in important innovations in clinical practice, health service delivery, organizational management, and research methodology. Please note: we discourage studies that seek to add incrementally to our knowledge by applying an established intervention, approach or method to a different but related target condition, data set or population, unless there is compelling justification that the work will substantially expand the

body of scientific knowledge, inform important programmatic decisions or increase our understanding of underlying models or mechanisms.

When research has practical applications for health care providers, managers, and policymakers and where its findings are likely to directly impact specific clinical or operational program offices, proposals should indicate that the office has been engaged (where appropriate) or that the investigator has thought carefully about how the research aligns with current clinical or operational program priorities. Investigators should provide evidence that the proposed interventions are feasible within the current VHA context and are highly likely to still be important and relevant at the conclusion of the project. Particular attention should be given to support the sustainability of novel approaches after the research project has ended. Finally, researchers are encouraged to consider how interventions will be implemented and where possible should include evaluation of barriers and facilitators to implementation in studies testing efficacy or effectiveness of an intervention.

3. Funding Decision

To encourage investigators to conduct Veteran-centric research in areas of high interest to HSR&D, proposals that respond to priority areas will be given special consideration for funding provided they are reviewed favorably by scientific merit review. The scientific merit review score, which is based on significance, approach, innovation, and environment, will continue to serve as the main determinate for funding decisions. The funding protocol below will be followed:

- a. HSR&D rank orders all applications by scientific merit review score after each merit review round.
- b. The HSR&D Director determines the fundable range of scores.
- c. Proposals that fall within the fundable scoring range and are responsive to priority areas or special solicitations will receive priority consideration for funding.
- d. Proposals that are not specifically responsive to HSR&D's priorities but are scientifically meritorious and Veteran centric (for example, care of complex chronic disease, health services genomics, organizational management, research methodology, rehabilitation) will be considered for funding depending upon service priorities, portfolio needs and availability of funds.

4. Cross-Service Collaboration Encouraged

VA HSR&D Service recognizes that some of the greatest opportunities and most important work for Veterans' health care might lie at the interface of different scientific disciplines including areas supported by other services within the VA Office of Research and Development (ORD). Such collaborative work is encouraged. Investigators considering such collaboration should contact the appropriate scientific program manager for advice and guidance prior to initiating the research application.

5. Priority Areas with Sample Research Topics

Priority A– Access/Rural Health

Interventional Studies on Access to Care for Rural and Vulnerable Populations

As VA experiences an influx of new Veterans, HSR&D seeks studies that identify, develop and test innovative approaches to improve access for new Veterans with special needs (e.g., TBI, PTSD), vulnerable Veteran populations (e.g., women, homeless, those with serious SMI or multiple comorbidities), and Veterans living in rural areas. Studies should build the body of research on the organization and management of VA health care services with innovations in service delivery for all Veterans. Studies focusing on merely documenting variations in access are discouraged unless the research is framed so that the findings are likely to be actionable or contribute directly to possible interventions. Studies that examine common approaches to improving access for rural populations (such as telehealth interventions) should clearly explain how the proposed research will add substantially to the existing body of knowledge about the intervention, its implementation, or the outcomes.

Sample Research Topics:

1. Determine the impact of different organizations and structures of care on access for specific populations (e.g., regionalization of care; contract and fee-for-service care for rural Veterans; collaborative care or residential treatment for homeless Veterans).
2. Assess innovative approaches to improve access, including technological, procedural and structural changes in care; expanded social, family and community networks; and partnerships with other entities and the community.

For inquiries regarding this priority area, please contact Barbara Holt, PhD, at barbara.holt@va.gov or (202) 461-1514. To indicate that an application is responsive to this priority area choose “Access” from the drop down menu in the “Addresses Specific HSR&D Priority Area?” field on the Intent to Submit notification.

Priority B – Equity and Health Disparities

Interventional Studies to Reduce Racial and Ethnic Minority Health Care Disparities

Research funded by VA has documented disparities in health and health care and has contributed to our understanding of important determinants of these disparities, such as Veteran-physician communication, Veteran attitudes and beliefs, and health literacy. Additional factors relating to Veterans, providers, health care facilities, and health care systems may also contribute to health care disparities. HSR&D has a special interest in studies that develop and test interventions which promote equitable health care services and health outcomes for all Veterans. Studies focusing on merely documenting racial and ethnic disparities are discouraged unless the research is framed so that the findings are likely to be actionable.

Sample Research Topics:

1. Assess interventions targeted at system-wide or facility-specific policies (e.g., regarding family members, organ donation, autopsy) and resources or services (e.g.,

bilingual staff, community outreach, religious accommodations) that can reduce variations in treatment or outcomes.

2. Develop and evaluate decision aids and information tools with the potential to enhance knowledge and engagement among minority Veterans and those that focus on overcoming barriers due to health literacy or language and cultural differences.
3. Assess interventions designed to encourage Veterans to become more active participants in their health care by improving communication and interactions between health care providers and Veterans.
4. Develop and assess innovations that inform clinical interventions to reduce adverse consequences of bias and inequity.

For inquiries regarding this priority area, please contact Linda Lipson, MA, at linda.lipson@va.gov or (202) 461-1526. To indicate that an application is responsive to this priority area choose “Equity” from the drop down menu in the “Addresses Specific HSR&D Priority Area?” field on the Intent to Submit notification.

Priority C- Healthcare Informatics

Healthcare Informatics to Improve Veteran Care

Healthcare informatics is the integration of biomedical knowledge systems with technology to improve decision-support systems, evidence-based practices, collaboration and continuity of care among providers, and Veteran and provider education. Healthcare informatics also facilitates the development of Veteran databases and tools needed for knowledge discovery and public health surveillance. Proposals responsive to this priority area should be clearly distinct from operational development and maintenance of IT systems. Informatics activities are expected to be research-oriented and to incorporate a well-developed evaluation plan and rigorous methodologies articulated in HSR&D Handbook 1204.1, posted on the HSR&D website at: http://www.hsrd.research.va.gov/for_researchers/policies/Handbook-1204-1

Sample Research Topics:

1. Evaluate and develop knowledge engineering, knowledge representation, machine learning, and/or artificial intelligence technologies for research applications.
2. Develop and evaluate models of care constructed on a theoretical basis supported by information systems.
3. Assess information system architecture, including systems to coordinate Veteran’s VA and non-VA health care by integrating data across different systems of care.
4. Develop and evaluate decision support systems that incorporate Veteran preferences and enhance management of complex chronic conditions.
5. Assess simulation models to explore hypotheses about aggregated performance measures.

For inquiries regarding this priority area, please contact Merry Ward, PhD, at merry.ward@va.gov or 202-461-1511. To indicate that a proposal is responsive to this priority area choose “Informatics” from the drop down menu in the “Addresses Specific HSR&D Priority Area?” field on the Intent to Submit notification.

Priority D – Long-Term Care & Caregiving

Improving Quality of Life for Veterans and their Caregivers

Informal caregivers (usually family members or friends) frequently provide long-term, in-home care for Veterans. Demand for services that are geared toward providing support for maximum possible recovery and reintegration for severely disabled or aging Veterans and their families will continue to increase. In addition, recently deployed Veterans returning home to rural or geographically isolated areas that lack traditional inpatient or rehabilitation facilities may require management of complex conditions and long-term care in the home environment. Studies that focus on the health status of these Veterans, their quality of life, and the quality of care VA provides must also consider the contributions of informal caregiving to these outcomes

Sample Research Topics:

1. Examine the interactions among Veterans' conditions, the capacity of the informal caregiver, and specific formal services that have the potential to optimize Veteran recovery and reintegration.
2. Develop and evaluate innovative education, training, and decision support for informal caregivers to reduce caregiver burden, enhance caregiver competency and capacity to provide care, and promote integration with the professional caregiving team.
3. Assess the impact of transitioning between home care and institutional care on Veteran outcomes, as well as caregiver status and outcomes.

For inquiries regarding this priority area, please contact Pauline Sieverding, MPA, JD, PhD, at pauline.sieverding@va.gov or (202) 461-1506. To indicate that a proposal is responsive to this priority area choose "Long Term Care" from the drop down menu in the "Addresses Specific HSR&D Priority Area?" field on the Intent to Submit notification.

Priority E – Mental and Behavioral Health

Improving Mental and Behavioral Interventions

Mental Health is broadly defined to include issues ranging from substance use and depression to post-traumatic stress disorders and serious mental illness. HSR&D has a special interest in innovative approaches to improve earlier identification and treatment of post-traumatic stress disorders and suicidality, enhance the continuum of care for substance use disorders, and refine recovery-oriented treatment approaches, particularly evidence-based programs and peer-support services, especially for Veterans in rural areas.

Sample Research Topics:

1. Identify pre-deployment risk and resiliency factors that contribute to post-deployment mental health and behavioral issues.
2. Develop and test interventions to support families in new caregiving roles. Evaluate methods to enhance the integration and coordination of mental health services with primary care and specialty services, including the organization and management of services for Veterans with dual diagnoses.
3. Evaluate innovative strategies to improve earlier identification and treatment of post

traumatic stress disorders and related mental health disorders (substance use and depression), especially in returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Veterans.

4. Identify risk factors and accuracy of assessment of suicidality and evaluate best practices for suicide prevention. Research on these topics should especially consider the suicide risks of Veterans who are experiencing post-traumatic stress disorder, Veterans returning from OEF and OIF, and elderly Veterans.

For inquiries regarding this priority area, please contact Robert O'Brien, PhD, at robert.obrien7@va.gov or (202) 461-1568. To indicate that a proposal is responsive to this priority area choose "Mental Health" from the drop down menu in the "Addresses Specific HSR&D Priority Area?" field on the Intent to Submit notification.

Priority F - Women's Health

Research on Women Veterans' Health Care Delivery and Quality of Care

HSR&D has a special interest in ensuring that the unique health care needs of women Veterans are addressed. Studies to evaluate the access, availability, equity, quality and cost of key healthcare services and organizational approaches to enhancing the comprehensiveness and continuity of healthcare for women Veterans are encouraged.

Sample Research Topics:

1. Assess the quality of care associated with different approaches to serving women Veterans, including evaluations by location and organization (e.g., large VA medical centers vs. small community-based outpatient clinics, urban vs. rural) and by type of provider (e.g., fee-basis or contract providers, generalist vs. specialists, same-gender providers).
2. Evaluate the outcomes of care associated with the various systems of care (e.g., different models of care, VA vs. non-VA care, dual users of VA and non-VA care), including health status and Veteran satisfaction.
3. Identify, develop, and evaluate innovative models for improving quality care to women Veterans, including interventions or programs to facilitate coordination of care across settings and among providers over time.

For inquiries regarding this priority area, please contact Linda Lipson, MA, at linda.lipson@va.gov or (202) 461-1526. To indicate that a proposal is responsive to this priority area choose "Women" from the drop down menu in the "Addresses Specific HSR&D Priority Area?" field on the Intent to Submit notification.

6. Eligibility

Investigators must have a paid VA appointment of at least 5/8 time at the time of funding. Questions about eligibility may be referred to the Eligibility Coordinator, Rita Lysik at 202-461-1510 or rita.lysik@va.gov).

7. Funding Duration and Limits

Proposals may request up to four years of funding; however, projects that can produce useful findings, either intermediate or final, in a shorter timeframe are encouraged. The research design is expected to be appropriate and efficient, with all budget categories well justified. Moreover, projects that exceed \$350,000 in any one year or a total of \$1,100,000 will not be accepted without a previous waiver approved by the scientific program manager and signed by the Director, HSR&D Service. In planning project budgets, applicants are reminded to adhere to HSR&D guidelines regarding allowable use of research funds for specific items and restrictions on the use of research funds for equipment and development of computer software (see VHA Handbook 1204.1, Paragraph 8, HSR&D Funding for "Development"), available at

http://www.hsrd.research.va.gov/for_researchers/policies/Handbook-1204-1.

8. Application Process

HSR&D uses Grants.gov and eRA Commons for electronic submission and processing of applications. Contact information and an overview of the application process are contained in the Appendix. Specific guidelines concerning the application process, forms, due dates, and program contacts are available on the intranet at

<http://vaww.research.va.gov/funding/electronic-submission.cfm>.

Please read all instructions carefully and use the checklists provided to ensure that all formatting and other requirements for submission, (e.g., waivers) are met. Proposals that are not consistent with these requirements are administratively removed from further consideration.